

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

| | |
|--------------------------|--------------------|
| Attorney Docket Number | 230600-430 |
| First Named Inventor | Bina Kunal Thakkar |
| COMPLETE IF KNOWN | |
| Application Number | / |
| Filing Date | |
| Group Art Unit | |
| Examiner Name | |

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Protocol Encoder and Decoder

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(e)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|----------------------|--|--|
| | | | | YES | NO |
| | | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (05-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

| | | | | | | | | | | | | | | | | | | | | | |
|---|--|--------------------------------------|--------------------------|---|------------------------------|---|--|--|-----------------------|---------------------------------|---------------------------|--------------------|--------------------------|---|--|--|--|------------------|-----------------|------------------|--------------------|
| Direct all correspondence to: <input checked="" type="checkbox"/> | | Customer Number or Bar Code Label | 24239 | AND <input checked="" type="checkbox"/> | Correspondence address below | | | | | | | | | | | | | | | | |
| <p>Name <u>Bentley J. Olive, Moore & Van Allen, PLLC</u></p> <p>Address <u>2200 W. Main Street, Suite 800</u></p> <table border="1"> <tr> <td>City <u>Durham</u></td> <td>State <u>NC</u></td> <td>ZIP <u>27705</u></td> </tr> <tr> <td>Country <u>USA</u></td> <td>Telephone <u>(919) 286-8000</u></td> <td>Fax <u>(919) 286-8199</u></td> </tr> </table> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p> | | | | | | City <u>Durham</u> | State <u>NC</u> | ZIP <u>27705</u> | Country <u>USA</u> | Telephone <u>(919) 286-8000</u> | Fax <u>(919) 286-8199</u> | | | | | | | | | | |
| City <u>Durham</u> | State <u>NC</u> | ZIP <u>27705</u> | | | | | | | | | | | | | | | | | | | |
| Country <u>USA</u> | Telephone <u>(919) 286-8000</u> | Fax <u>(919) 286-8199</u> | | | | | | | | | | | | | | | | | | | |
| <p>NAME OF SOLE OR FIRST INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor</p> <table border="1"> <tr> <td>Given Name (first and middle [if any]) <u>Biua Kunal</u></td> <td>Family Name or Surname <u>Thakkar</u></td> </tr> <tr> <td>Inventor's Signature <u>Biua K. Thakkar</u></td> <td>Date <u>4/19/2001</u></td> </tr> <tr> <td>Residence: City <u>Cary</u></td> <td>State <u>NC</u></td> <td>Country <u>USA</u></td> <td>Citizenship <u>India</u></td> </tr> <tr> <td colspan="4">Mailing Address <u>102 Deanscroft Court</u></td> </tr> <tr> <td>City <u>Cary</u></td> <td>State <u>NC</u></td> <td>ZIP <u>27511</u></td> <td>Country <u>USA</u></td> </tr> </table> | | | | | | Given Name (first and middle [if any]) <u>Biua Kunal</u> | Family Name or Surname <u>Thakkar</u> | Inventor's Signature <u>Biua K. Thakkar</u> | Date <u>4/19/2001</u> | Residence: City <u>Cary</u> | State <u>NC</u> | Country <u>USA</u> | Citizenship <u>India</u> | Mailing Address <u>102 Deanscroft Court</u> | | | | City <u>Cary</u> | State <u>NC</u> | ZIP <u>27511</u> | Country <u>USA</u> |
| Given Name (first and middle [if any]) <u>Biua Kunal</u> | Family Name or Surname <u>Thakkar</u> | | | | | | | | | | | | | | | | | | | | |
| Inventor's Signature <u>Biua K. Thakkar</u> | Date <u>4/19/2001</u> | | | | | | | | | | | | | | | | | | | | |
| Residence: City <u>Cary</u> | State <u>NC</u> | Country <u>USA</u> | Citizenship <u>India</u> | | | | | | | | | | | | | | | | | | |
| Mailing Address <u>102 Deanscroft Court</u> | | | | | | | | | | | | | | | | | | | | | |
| City <u>Cary</u> | State <u>NC</u> | ZIP <u>27511</u> | Country <u>USA</u> | | | | | | | | | | | | | | | | | | |
| <p>NAME OF SECOND INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned inventor</p> <table border="1"> <tr> <td>Given Name (first and middle [if any])</td> <td>Family Name or Surname</td> </tr> <tr> <td>Inventor's Signature</td> <td>Date</td> </tr> <tr> <td>Residence: City</td> <td>State</td> <td>Country</td> <td>Citizenship</td> </tr> <tr> <td colspan="4">Mailing Address</td> </tr> <tr> <td>City</td> <td>State</td> <td>ZIP</td> <td>Country</td> </tr> </table> | | | | | | Given Name (first and middle [if any]) | Family Name or Surname | Inventor's Signature | Date | Residence: City | State | Country | Citizenship | Mailing Address | | | | City | State | ZIP | Country |
| Given Name (first and middle [if any]) | Family Name or Surname | | | | | | | | | | | | | | | | | | | | |
| Inventor's Signature | Date | | | | | | | | | | | | | | | | | | | | |
| Residence: City | State | Country | Citizenship | | | | | | | | | | | | | | | | | | |
| Mailing Address | | | | | | | | | | | | | | | | | | | | | |
| City | State | ZIP | Country | | | | | | | | | | | | | | | | | | |
| <p><input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto</p> | | | | | | | | | | | | | | | | | | | | | |

[Page 2 of 2]

Please type a plus sign (+) inside this box → **[+]**

PTO/SB/81 (02-01)

Approved for use through 10/31/2002, OMB 0661-0005

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

| | |
|------------------------|-------------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | Bina Kunal Thakkar |
| Title | Protocol Encoder and... |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 230600-430 |

I hereby appoint:

 Practitioners at Customer Number

24239

Place Customer
Number Bar Code
Label here

OR

 Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

 The above-mentioned Customer Number.

OR

 Practitioners at Customer NumberPlace Customer
Number Bar Code
Label here

OR

 Firm or
Individual Name

Bentley J. Olive

Address

Moore & Van Allen, PLLC

Address

2200 W. Main Street, Suite 800

City

Durham.

State

NC

Zip

27705

Country

USA

Telephone

(919) 286-8000

Fax (919) 286-8199

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Bina Kunal Thakkar

Signature Bina K. Thakkar

Date 4/19/2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Or Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.